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COVER LETTER

TO:	Registration Se Division of Cor				
41111111		ROTHERS GROUP LLC			
SUBJI	EC1:	Name of Lim	ited Liability Company		
The en	aclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		FELIPE MUNOZ			
			Name of Person		
		LAW OFFICE OF ALBE	RTO CARRERO		
Firm/Company					
20900 NE 30TH AVE SUITE 817					
Address					
		AVENTURA FL 33180			
		AC@ACLAW.NET	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi-	cation)	
For fur	ther information co	oncerning this matter, please ca	all:		
FELIF	PE MUNOZ		786 239-9236 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

M & M 2BROTHERS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Mailing address MAY BE A POST OFFICE	<u></u>		3 3
Enter new mailing address, if applicable:			FEB - H
(Principal office address MUST BE A STREE	T_ADDRESS)		<u></u>
Enter new principal offices address, if applic	able:		
The new hame those be distinguishable and contain the w	ords "Limited Liability Company," the c	lesignation "LLC" or the abbre	eviation "L.L.C."

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SUAREZ Z, CLAUDIA M	1835NE Miami Gardens Dr	
		Miami, FL, 33179	Remove
			Change
MGR	MARTHA CECILIA CANON	778 NW 127 AVE	■ Add
		CORAL SPRINGS, FL, 33071	☐ Remove
			☐ Change
			□ Add
			Remove 18 Phange SSS Add
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change.

). If antending any other information, enter change(s)	неге: (миден адашона	shecis, if necessory.	,

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		, , <u>, -</u>	SS L
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	oplicable statutory filing re	(optional) than 90 days after filing.) duirements, this date v	<u>S</u>
the record specifies a delayed effective date, but) The 90th day after the record is filed.	t not an effective time	e, at 12:01 a.m. o	n the earlier of
Dated JANUARY 25 2018	an		
Signature of a member or	authorized representative of a	i member	

Page 3 of 3

Filing Fee: \$25.00